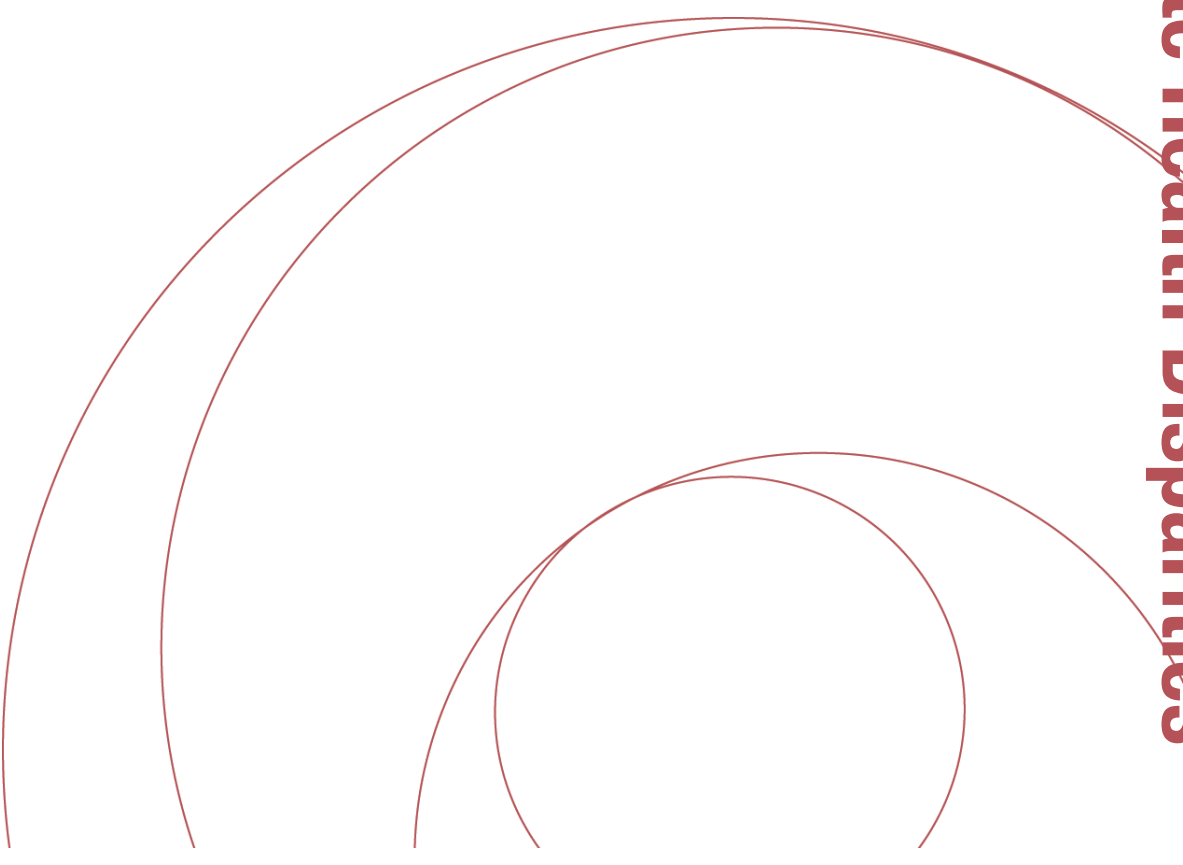


Strategies to Eliminate Health Disparities



VII. STRATEGIES TO ELIMINATE HEALTH DISPARITIES

A. Wisconsin Department of Health and Family Services

The Department of Health and Family Services (DHFS) is committed to supporting strategies to reduce racial and ethnic health disparities in Wisconsin. A demonstration of this commitment is the Department's implementation of an action plan that includes accountability and performance expectations from agency managers and supervisors regarding eliminating health disparities in DHFS program and services. Programs throughout the Department are directing efforts at monitoring and reducing disparities among all constituents served.

This section highlights programs, approaches, and strategies to eliminate health disparities. Translating these broad principles and strategies into practical implementation plans will require hard work and the sustained effort of multiple sectors in Wisconsin to change underlying conditions that produce disparities. Implementing successful strategies to eliminate disparities in Wisconsin must be both a short-term priority and a long-term commitment. Just a few Department initiatives currently underway include the following:

Wisconsin Minority Health Program. In August 1999, the Department established the Minority Health Program in the Division of Public Health to work with government and community partners to eliminate racial and ethnic health disparities in Wisconsin. The Minority Health Program has four program goals:

- Enhance government and community awareness of minority health issues.
- Recommend and implement strategies to eliminate health disparities.
- Improve collection and reporting of minority health data.
- Promote access to culturally and linguistically competent systems of care.

The Minority Health Program provides information and technical assistance to hundreds of minority health interests across the state; distributes minority health grants to community and tribal organizations; develops public information materials to promote the goal to eliminate health disparities; and promotes the standard collection and reporting of minority health data. This report is a product of the goal to report comprehensive minority health data in Wisconsin. The Minority Health Program also provides guidance to Department programs and initiatives, recommends distribution of program resources, and assists in developing policies to support the goal to eliminate health disparities in Wisconsin. In addition, the program educates government, private, academic, and community groups on current and emerging topics in minority health, health disparities, and culturally competent healthcare.

The Minority Health Program has worked with community representatives to identify community priorities and encourage participatory, community-driven interventions to reduce and ultimately eliminate health disparities in the affected communities. Community representatives were convened at the Chronic Disease in Minority Populations Forum (August 1999); the Minority Health Report Community Advisory Group regional meetings (January 2000 and October 2001); and the Healthiest Wisconsin 2010 community stakeholder forums (August 2001 to April 2002).¹

These community meetings culminated in the *Minority Health "Call-to-Action" Forum* in April 2003 where minority health leaders and community stakeholders gave suggestions for the prioritized focus of the Minority Health Program for the 2003–2005 biennial period. Most notably, community-based strategies to reduce infant mortality emerged as a priority for the Minority Health Program along with improving the collection of minority health data; establishing a Wisconsin clearinghouse of programs and strategies to eliminate health disparities; and working with DHFS to coordinate and institute policies, programs, and resources related to improving the health status of racial/ethnic minorities.

Accordingly, the Wisconsin Minority Health Program will prioritize the following program activities for the 2003–2005 biennial period:

- Convene a Minority Health Taskforce to take part in planning and policy activities at the state and local levels.
- Collaborate with government, public, and private agencies to increase the percentage of identified race and ethnicity in reported health records and surveys.
- Enhance the Minority Health Program web page as a clearinghouse for programs and strategies to eliminate health disparities.
- Support community-based strategies to reduce African American infant mortality and low birthweight births.
- Work within DHFS to coordinate and institute policies, programs, and resources related to improving the health status of racial and ethnic minorities.
- Work with government health agencies to increase survey information on health attitudes and behavioral health risks of racial/ethnic minority populations.

- Monitor and report progress made on goals and recommended strategies for the Minority Health Program and *Healthiest Wisconsin 2010* to eliminate health disparities.
- Evaluate and report the impact of all projects funded by the Minority Health Grant Program.

Because disparities initiatives and programs are constantly evolving, the Minority Health Program will use its web page as a clearinghouse to highlight promising programs and best-practices to reduce racial/ethnic health disparities in Wisconsin. Readers are encouraged to regularly visit the web site at <http://dhfs.wisconsin.gov/health/minorityhealth/index.htm> for progress on program priorities and ongoing strategies by the Department of Health and Family Services and local and statewide partners to eliminate health disparities.

Blue Cross/Blue Shield Community-Academic Partnerships. The Department is providing technical assistance to community partners and providing potential matching resources for organizations applying for Blue Cross/Blue Shield community-academic partnership projects. The Department has focused staff attention and resources to support partnership projects in the following priority areas: (a) promoting physical activity and appropriate nutrition; (b) reducing tobacco use and exposure; (c) reducing disparities in infant mortality; (d) reducing disparities in HIV/AIDS or other sexually transmitted diseases; (e) increasing access to preventive and primary oral healthcare; and (f) reducing the following: family violence (child abuse and neglect, domestic violence, or elder abuse), adolescent suicides, lead poisoning of children, and falls of elderly people.

Childhood Lead Elimination Plan. The Department is developing a plan to eliminate childhood lead poisoning by the year 2010. To meet this challenge, the Department will increase efforts to screen high-risk children, while continuing to respond to individual lead poisoned children.



VII. Strategies to Eliminate Health Disparities

Maternal and Early Childhood Oral Health

Program. The Department supports programs to integrate oral health promotion and oral disease prevention services into prenatal and well-baby visits. This initiative promotes healthy birth outcomes, diminishes oral disease burdens, and encourages comprehensive primary oral health prevention services. Oral health consultants provide maternal oral health and early childhood caries training to primary healthcare providers in regional and local health departments, tribal health centers, and federally qualified health centers serving minority and low income families. Program training includes the use of basic oral health screening, anticipatory guidance, age appropriate fluoride treatments (fluoride varnish), and referrals to a dentist as needed, for children aged 9 months to 3 years. In addition, recent Department efforts include Wisconsin Medicaid reimbursement for nurses and dental hygienists employed at certified HealthCheck nursing agencies, physicians, physician assistants, and nurse practitioners for topical applications of fluoride provided to children.

Reducing Racial and Ethnic Disparities in Birth

Outcomes Action Team. The Department has identified eliminating infant health disparities as a primary goal. Because of this commitment, an interdivisional team was convened to explore strategies with numerous health system and community partner agencies to eliminate the racial gap in infant mortality. The Department's goal is to identify and coordinate resources to reduce the risk factors, such as low birthweight and unsafe infant sleeping, contributing to these disparate outcomes. Specifically, the goal is to foster improved outcomes by promoting community action to implement effective, evidenced-based strategies, with an initial focus on African American teen births and infant mortality in the southeastern and southern areas of the state. The success of these efforts will be shown by reductions in infant mortality rates, preterm births, and low birthweight births among the state's minority groups.

The Department's Maternal Child Health (MCH) Program held a Healthy Babies summit in Wisconsin Rapids on July 15, 2003. About 240 public health professionals, consumers, healthcare providers, and representatives from community-based organizations gathered to identify new approaches to improve perinatal outcomes and address disparities. The conference explored critical factors such as access and utilization of healthcare; cultural, geographic, and financial barriers; and other community and systemic effects upon maternal and child health. The perinatal summit was a beginning step toward long-term goals to eliminate disparities in infant mortality and assure the best outcomes for all women.

Five regional and two racial/ethnic disparity action teams have been established to identify priority areas for intervention and help sustain efforts. The teams will explore a number of promising models including (a) the perinatal periods of risk (PPOR) as a framework to prioritize areas for intervention; and (b) a life-course perspective that looks beyond the nine months of pregnancy to understand and reduce racial/ethnic disparities in perinatal outcomes.

As a follow-up to the Healthy Babies summit, a Statewide Action Team meeting (May 2004) was held to increase knowledge and support of evidence-based practices to reduce infant mortality and strengthen collaborations among government, the public, the healthcare community, and policymakers to reduce infant mortality.

In addition to the Department's ongoing efforts to reduce infant mortality through its maternal-child programs and economic support (e.g., Healthy Start, WIC Program) for pregnant women and families, DHFS is exploring innovative programs and strategies such as the following: (a) expansion of public information campaigns and programs that promote safe infant sleeping practices; (b) training and development of neighborhood-based workers who can identify at-risk pregnant women, facilitate

access to resources, and provide social support for women and families before, during, and after the perinatal period; (c) enhanced reimbursement for providers that serve Medicaid-eligible pregnant women and provide prenatal care coordination services; (d) policies to support improved birth outcomes for pregnant women who are on W-2 or are incarcerated; and (e) increasing the number of treatment slots for pregnant women in need of mental health or substance abuse services.

B. Community Recommendations

In April 2003, the Department of Health and Family Services Minority Health Program convened a Minority Health “Call-to-Action” Forum in Milwaukee. The forum brought together diverse community and tribal representatives to discuss priorities and strategies to eliminate health disparities in Wisconsin. Recommendations focused on the following five areas:

- Access to affordable, primary healthcare
- Community-based and community-driven health systems
- Culturally and linguistically competent health-care services
- Development and support of minority health professionals
- Health promotion and primary prevention

The following outline summarizes participant recommendations under five priority focus areas. The Minority Health Program will incorporate these priorities and strategies into a minority strategic plan to be developed during the 2003–2005 biennial period in collaboration with community partners. The strategic plan will complement major state initiatives such as *Healthiest Wisconsin 2010*, address systemic changes needed to improve minority health, and support efforts of many organizations and individuals around the state working to eliminate health disparities. The complete report

of the Minority Health “Call-to-Action” Forum is available at <http://dhfs.wisconsin.gov/health/minorityhealth/index.htm>.

Access to Healthcare

- Support strategies and programs to increase primary healthcare services utilization and health insurance coverage for under- and uninsured racial/ethnic minorities, including undocumented Hispanics/Latinos.
- Work with Medicaid and Medicare-funded programs to evaluate and improve racial/ethnic disparities in beneficiaries’ use of preventive, screening, and medical treatment services.

Community-Based Health Systems

- Promote the development of community-driven health promotion and disease prevention programs through multidimensional education and outreach strategies.
- Work with neighborhood organizations to develop community-driven primary healthcare models based on the “Neighborhood Health Block Watch” concept.

Cultural and Linguistic Competence

- Work with the Department of Health and Family Services to establish performance-based criteria for contract organizations to demonstrate cultural and linguistic competence within their organizations as criteria for funding.
- Work with health professional education programs to institute cultural competence training and hands-on clinical experiences with racial/ethnic populations for their students.



VII. Strategies to Eliminate Health Disparities

Development and Support of Minority Health Professionals

- Support mentoring programs for minority middle- and high-school students to work with minority health professionals.
- Work with health payors and health professional associations to address insurance reimbursement for physician and non-physician health practitioners serving low-income inner-city and rural communities.

Health Promotion and Primary Prevention

- Advocate to increase funding and support for community-based and community-driven programs with a focus on primary prevention.
- Support more health promotion programs and services that target all minority elderly and African American males.
- Work to implement *Healthiest Wisconsin 2010* strategies to improve social and economic factors that influence health.

C. General Strategies

The remainder of this section includes a sample of general strategies to eliminate racial/ethnic health disparities. A few (e.g., early childhood development programs, health disparities collaboratives) have been scientifically validated as “best practices” to reduce racial/ethnic health disparities. Nonetheless, readers are encouraged to consider all of the following listed strategies as promising practices that can reduce and ultimately eliminate racial/ethnic health disparities. Strategies discussed in this section are categorized under seven areas:

- Awareness and education about the nature of health disparities
- Improvements in social and economic conditions

- Access to equitable, quality healthcare
- Cultural and linguistic competence
- Engaging and empowering affected communities
- Scientific research
- Health policy

Awareness and Education

Awareness of Health Disparities. Awareness of health disparities is often a prerequisite to actively combat disparities. Nationally, over 50% of whites and over 50% of African Americans are unaware of racial disparities in health.² Enhancing government and community awareness of minority health disparities is a primary goal of the Minority Health Program. In addition, *Healthiest Wisconsin 2010* promotes awareness of health disparities among high-level decision-makers—especially regarding strategies that address socioeconomic factors.

Improvement of Minority Health Data. A crucial step in increasing awareness of health disparities is collecting and reporting complete and accurate racial/ethnic health data. Healthcare systems are encouraged to adopt the federal minimum standards for the collection of race/ethnicity for consistency across data sets.³ Furthermore, collecting data on healthcare access and utilization by patient’s race, ethnicity, socioeconomic status, and primary language can improve the availability of minority health data.⁴

Social and Economic Conditions

CDC Guide to Community Preventive Services. The Centers for Disease Control and Prevention (CDC) Taskforce on Community Preventive Services recommended two evidence-based interventions that can improve social determinants of health: (a) publicly funded, center-based, early childhood development programs for low-income children aged 3 to 5; and (b) provision of rental vouchers to

low-income families for use in the private housing market.

Evidence shows that early childhood development programs reduce cognitive developmental delay, resulting in decreases in future grade retention and special education placement. Long-term benefits of early childhood development include improved high school graduation rates, decreases in teen pregnancy, decreased delinquency, and decreased rates of unemployment.⁵

Also, tenant-based rental voucher programs that allow families to rent in more prosperous neighborhoods increases neighborhood safety and decreases victimization and exposure to violence. Relocating out of low-poverty neighborhoods reduced symptoms of maternal depression, boys' behavioral problems in school, and childhood illness and accidents requiring medical attention.⁵ The CDC Taskforce authenticates that investments in social development can alleviate the negative impact of low socioeconomic status on health.

Healthiest Wisconsin 2010. The state public health plan identifies social and economic factors that influence health as one of the 11 top priorities to improve health for all and reduce health disparities in Wisconsin. The four *Healthiest Wisconsin 2010* objectives to improve socioeconomic conditions that influence health in Wisconsin are as follows:

- Increase the percentage of Wisconsin households with an annual income at or above 300% of the federal poverty level.
- Increase the level of social connectedness and cultural competence in community and service settings.
- Increase the percentage of the population that is literate.
- Increase the affordability of childcare.

Detailed objectives and implementation plans for these socioeconomic health priorities can be

accessed on the *Healthiest Wisconsin 2010* webpage at <http://dhfs.wisconsin.gov/health/statehealthplan>.

Combating Racial/Ethnic Discrimination.

Improving social conditions that discriminate against racial/ethnic minorities are important in the quest to reduce avoidable racial differences in health, including: enforcement of civil rights laws⁶; promoting racial justice⁷; and promoting social cohesion among diverse racial/ethnic groups.

Access to Quality Healthcare

Health Disparities Collaboratives. The Health Resources and Services Administration (HRSA) sponsors the Health Disparities Collaboratives, a comprehensive initiative to address health disparities in racial/ethnic minority and underserved populations through chronic disease management.⁸ The collaboratives are housed in community-based healthcare centers throughout the nation. The corner stone of the collaboratives is communication and networking among the participating centers who learn how to systematically apply evidence-based clinical practice guidelines to their patients and the overall healthcare delivery system.

HRSA Health Disparities Collaboratives hope to achieve equity in healthcare by applying evidence-based standards to all patients through informed, practical modification of standard tools through experience that works for unique circumstances of the target community. Each community health center determines how to ensure positive outcomes for their particular population of diverse patients. Patients do a self-management contract to get involved in their own care and overcome barriers to treatment, including cultural and language barriers.

Institute of Medicine Report. The Institute of Medicine (IOM) report, *Unequal Access: Confronting Racial and Ethnic Disparities in Healthcare* summarized evidence that African Americans and Hispanics receive poorer healthcare than whites,



VII. Strategies to Eliminate Health Disparities

even when controlling for insurance status.⁴ The report found that the quality of healthcare differed by race/ethnicity due to barriers at the patient-provider level and at the institutional level. The IOM report offered the following recommendations to provide equitable access to healthcare for racial/ethnic minorities:

- Promote consistency and equity of care through use of evidence-based guidelines.
- Provide incentives for non-disparate care.
- Use measures of racial and ethnic disparities in performance measurement.
- Increase awareness of disparities among the general public, key stakeholders, and healthcare providers.
- Avoid fragmentation of health plans along socioeconomic lines.
- Increase cross-cultural education and underrepresented minorities in health professions.
- Support use of interpreter services.
- Support use of community health workers.
- Enhance patient education and empowerment.
- Collect and report data on healthcare access and utilization by patient's race, ethnicity, socioeconomic status, and primary language.

National Healthcare Disparities Report. This report, published by the Agency for Healthcare Research and Quality, measured differences in access and use of healthcare services by racial/ethnic minorities and other priority populations (i.e., women, children, elderly, rural populations, and individuals with special needs). The report documented disparities throughout the healthcare system in access to care, receipt of care, and the quality of care provided.⁹ The report highlighted that inequality in the quality of care persists for these populations; disparities come at a personal and societal price; differential access to care may lead to disparities in quality of care; and opportunities to provide preventive care are frequently missed.

Cultural and Linguistic Competence

Cultural Competence. Culture and language have considerable impact on how patients access and respond to services. Therefore, cultural and linguistic competence are important factors for assuring quality healthcare and reducing health disparities among racial and ethnic minorities. Cultural competence is defined as “a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross cultural situations.”¹⁰

Linguistic competence assures that appropriate accommodations are made (e.g., qualified interpreter services) to effectively communicate in the health environment with persons who have Limited English proficiency (LEP). Studies have explored the field of cultural competency for best practices and to ascertain the link to health outcomes.^{11,12} Cultural and linguistic competence can help to improve patient-provider communication and can enhance the effectiveness of programs tailored for racial/ethnic minority groups.¹³

Culturally and Linguistically Appropriate

Services. In March 2001, the federal Office of Minority Health published 14 standards for culturally and linguistically appropriate healthcare services (CLAS).¹⁴ The CLAS standards focus on three areas: (a) culturally competent care; (b) language access; and (c) organizational supports. The cultural competence standards address needs of racial, ethnic, and linguistic population groups that experience unequal access to health services. The language access standards assure that all people entering the healthcare system receive equitable and effective treatment in a linguistically and culturally appropriate manner. The organizational support standards emphasize that principles should be integrated throughout an organization and undertaken in partnership with communities being served.

The complete report describing the 14 CLAS standards is available online at <http://www.omhrc.gov/omh/programs/2pgprograms/finalreport.pdf>. The 14 CLAS standards are outlined as follows:

Culturally competent care

1. culturally competent care
2. diverse staff
3. education and training

Language access

4. language assistance services
5. inform LEP patients of rights
6. competent LEP providers
7. written patient-related materials

Organizational supports

8. written strategic plan
9. organizational self-assessment
10. internal data collection
11. community profile
12. community partnerships
13. grievance procedures
14. public communication

Health Professions Diversity. Increasing underrepresented minorities in the healthcare workforce helps to improve the level of cultural competence throughout the health system. Racial/ethnic concordance of providers and patients has been shown to improve patient satisfaction and promote effective communication.¹⁵ Racial and ethnic minorities are also more likely to work in underserved communities,¹⁶ improving availability and access to healthcare for diverse populations.

Strategies to increase the number of racial/ethnic minority health professionals include mentoring opportunities for youth, financial support for education and training, leadership development, and measures to recruit and retain minority health professionals and students. Mentoring and support must occur at all levels, from elementary schools to research scientists, academic faculty, and health policymakers in top leadership positions.¹⁷

Engaging Communities

Community Empowerment. Community empowerment, resource development, and partnerships are essential to make progress in improving health in disproportionately affected communities. Success in community development and empowerment to eliminate health disparities requires active involvement in planning by the affected individuals and communities. Strategies outlined by Dr. David Williams at the Milwaukee Urban Health Forum include the following:²

- Ensure community involvement in the identification and management of interventions.
- Empower communities to address their own problems.
- Build capacity and resources within communities.
- Strengthen the capacity of community organizations to take action.
- Develop and sustain mutual partnerships with government, industry, and other private organizations.

Effective Strategies for Working with Minority Communities. Solid, trusting partnerships are essential to any successful community health initiative. The following strategies articulated by the Wisconsin Minority Health Program underlie any community health improvement effort that effectively engages diverse community partners and shares ownership of both the identified problems and strategies to address the issues.

- Address priorities articulated by the community.
- Allow adequate time for the development of trust.
- Include diverse communities from the onset of the planning process.
- Address underlying social and economic determinants of health.
- Avoid “blaming the victim” and foster assets and resilience-based approaches.



VII. Strategies to Eliminate Health Disparities

- Tailor messages and interventions to fit the needs of specific communities.
- Use a participatory model in all stages of program planning and intervention.

Guide to Identifying and Eliminating Disparities in Local Wisconsin Communities.

The 2003–2004 Wisconsin team for the National Public Health Leadership Institute (Denise Carty, Wisconsin Division of Public Health; Mark Huber, Aurora Healthcare; Brian Theiler, Gundersen-Lutheran; and Gretchen Sampson, Polk County Health Department) developed a guide to assist local Wisconsin communities to: (a) define and understand health disparities; (b) engage diverse communities to address health disparities; (c) identify health disparities using quantitative and qualitative data collection and analysis; (d) devise appropriate goals and effective strategies to reduce health disparities; and (e) implement and evaluate processes and strategies to eliminate health disparities.¹⁸

The guide, which is intended as a companion document to *Healthiest Wisconsin 2010*, outlines the following strategies for community engagement:

- Include diverse groups from the onset of the community planning process.
- Find and engage communities where they are.
- Build trust and credibility.
- Share power, leadership, and responsibility with minority and underrepresented stakeholders.
- Remove obstacles to participation.

Local health departments. Local health departments are important partners to help engage communities and lead local efforts to eliminate racial/ethnic health disparities. Several promising local health department strategies were highlighted in a compendium of programs by the Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials (NAACHO) with support of HRSA.¹⁹

Wisconsin Turning Point Community Stakeholder Forums. The Wisconsin Turning Point Initiative met with five minority community stakeholder groups from August 2001 to April 2002. The following priorities were frequently mentioned by the groups as priorities to transform the public health system in their communities:

- Ensure that diverse communities have a voice in all public health and service delivery decisions.
- Develop universal access without barriers.
- Develop comprehensive, holistic approaches to health improvement.
- Avoid fragmentation of healthcare services.
- Empower and build capacity and infrastructure.
- Improve community-based health systems.
- Use community health workers.
- Increase racial/ethnic/bilingual staff in the health workforce.
- Ensure cultural/linguistic competence in healthcare systems.

Scientific Research

Center for Minority Health and Health Disparities

(National Institutes of Health). Federal support for scientific research on medical and non-medical causes of health disparities is led by the National Institutes of Health. The new Center for Minority Health and Health Disparities coordinates and funds health disparities research at the National Institutes of Health and at Centers of Excellence in Minority Health housed in leading academic institutions. The Center for the Study of Cultural Diversity in Healthcare at the UW-Madison Medical School is one of five national comprehensive centers funded by the Center for Minority Health and Health Disparities at the National Institutes of Health. The research at UW-Madison will focus on maternal-child health disparities in Wisconsin.

Excellence Centers to Eliminate Ethnic and Racial Disparities in Healthcare (EXCEED). Nine centers funded by the Agency for Healthcare Research and Quality have been established across the United States to analyze reasons for disparities and identify and evaluate the effectiveness of strategies for reducing and eliminating them. Each center conducts comprehensive research organized around a central theme.

Racial and Ethnic Approaches to Community Health (REACH). The REACH 2010 initiative led by the Centers for Disease Control and Prevention funds projects across the country with an emphasis on community-based participatory research to address disparities in the affected populations. The primary objective of REACH 2010 is to help communities mobilize resources to support programs that eliminate the health disparities experienced by minorities. To illustrate how community-driven approaches bring new perspectives and promising interventions to reduce disparities, a REACH infant mortality initiative in Washington, D.C., emphasizes community dialogue (i.e., bringing mothers, educators, and health professionals together); educational training and outreach; and advocacy as key strategies to reduce black infant mortality. The project holds that the racial difference in infant death rates is a symptom of cultural, institutional, interpersonal, and internalized racism. Therefore, all interventions of this REACH project reinforce cultural appropriateness and anti-racism.

Health Policy

Wisconsin Minority Health Legislation (Sec. 146.185, Wis. Stats.). The Wisconsin State Legislature established the Minority Health Program in the Department of Health and Family Services. Section 146.185, Wis. Stats., adopted in 1999, outlines the following priorities:

- Identify barriers to healthcare that prevent economically disadvantaged minority group members in Wisconsin from participating fully and equally in all aspects of life.
- Conduct statewide hearings on issues of concern to the health interests of economically disadvantaged minority group members.
- Review, monitor, and advise state agencies with respect to the impact on the health of economically disadvantaged minority group members of current and emerging state policies, procedures, practices, statutes, and rules.
- Work closely with state agencies, the private sector, and groups concerned with issues of the health of economically disadvantaged minority group members to develop long-term solutions to health problems of minority group members.
- Disseminate information on the status of the health of economically disadvantaged minority group members in Wisconsin.
- Ensure economically disadvantaged minority group members who are students to enter career health professions by developing materials that are culturally sensitive and appropriate and that promote health professions as careers.



VII. Strategies to Eliminate Health Disparities

Summary of Strategies

This section has provided a snapshot of general strategies to eliminate health disparities. These strategies are by no means exhaustive. The following table summarizes these approaches and strategies.

Table 58: General strategies to eliminate racial/ethnic health disparities

Educate community leaders and the public about why it is in their best interest to eliminate health disparities.
Collect complete and accurate racial/ethnic data on health status, access to healthcare, and utilization of care.
Address underlying social and economic determinants of health.
Ensure equitable access to quality healthcare.
Ensure culturally and linguistically competent health services.
Increase underrepresented racial/ethnic minorities in the healthcare workforce.
Use trusted community health workers as resources for health education, outreach, and healthcare.
Adopt culturally specific messages and tailored interventions to carry out health programs.
Strengthen community capacity, infrastructure, and empowerment.
Promote local community-based and community-driven organizations and healthcare systems.
Involve the target communities in all phases of setting health priorities and planning and implementing programs.
Strengthen local, state, federal, and community partnerships and leadership to address the disparities.
Disseminate and translate information on data and best practices to eliminate health disparities.
Direct healthcare policy and resources to eliminate health disparities in disproportionately affected populations.

Notes

1. Summary reports of these meetings are available on the Department of Health and Family Services Minority Health Program web page at <http://dhfs.wisconsin.gov/health/minorityhealth> or by calling (608) 266-1512.
2. Williams DR. Racial/ethnic Differences in Health: 10 Key Facts. Presented at Milwaukee's Second Urban Health Forum. November 5, 2003. Milwaukee, WI.
3. US Department of Health and Human Services. Revisions to the standards for the classification of federal data on race and ethnicity. *Fed Regist*. October 30, 1997;62:58782-90.
4. Institute of Medicine. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*. Washington, DC: National Academies Press; 2003.
5. Taskforce on Community Preventive Services. Community interventions to promote healthy social environments: early childhood development and family housing. *MMWR*. 2002;51(RR-1):1-8.
6. US Commission on Civil Rights. *The Healthcare Challenge: Acknowledging Disparity, Confronting Discrimination, and Ensuring Equality*. 1999:189-90.
7. National League of Cities. *Undoing Racism: Fairness and Justice in America's Cities and Towns*. Washington, DC: National League of Cities;1999.
8. US Department of Health and Human Services. *Health Resources and Services Administration. Health Disparities Collaboratives: A National Effort to Improve Health Outcomes for All Medically Underserved People with Chronic Disease*.
9. U.S. Department of Health and Human Services. *National Healthcare Disparities Report* (original prepublication copy of July 2003 released February 2004). Rockville, MD: Agency for Healthcare Research and Quality; 2004.
10. Cross T, Bazron B, Dennis K, Isaacs M. *Toward a Culturally Competent System of Care*. Vol 1. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center; 1989.
11. Anderson L, Scrimshaw SC, Fullilove MT, Fielding JE, Normand, J. Culturally competent healthcare systems: a systematic review. *Am J Prev Med*. 2003;24(3S):68-79.
12. Brach C, Fraser I. Can cultural competency reduce racial and ethnic health disparities? a review and conceptual model. *Med Care Res and Rev*. 2000;57(Suppl 1):181-217.
13. Betancourt JR, Green AR, Carrillo JE. Cultural competence in healthcare: emerging frameworks and practical approaches (field report). New York, NY: The Commonwealth Fund; 2002. Available at: http://www.cmf.org/eds/programs/minority/betancourt_culturalcompetence_576.pdf. Accessed December 30, 2003.
14. US Department of Health and Human Services. Office of Minority Health. *National Standards for Culturally and Linguistically Appropriate Services in Healthcare. Final Report*. Washington, DC: US Government Printing Office; 2001.
15. Saha S, Komaromy M, Koepsell, TD, Bindman AB. Patient-physician racial concordance and the perceived quality and use of healthcare. *Arch of Intern Med*. 1999;159:997-1004.
16. Komaromy M, Grumbach K, Drake M, Vranizan K, Lurie N, Keane D, Bindman AB. The role of black and Hispanic physicians in providing healthcare for underserved populations. *New Eng J Med*. 1996;334:1305-10.
17. Kington R, Tisnado D, Carlise D, et al. Increasing racial and ethnic diversity among physicians: an intervention to address health disparities. In: Smedley B, Colburn L, Evans CH, eds. *The Right Thing To Do, The Smart Thing to Do: Enhancing Diversity in the Health Professions*. Washington, DC: National Academies Press; 2001.
18. Carty D, Huber M, Sampson G, Theiler B. *A Guide to Identification and Elimination of Health Disparities in Local Wisconsin Communities*. (Unpublished) Copies are available from the Minority Health Program by calling (608) 266-1512.
19. Association of State and Territorial Health Officials [ASTHO], National Association of County and City Health Officials [NACCHO]. *Local Health Departments Take Action: A Compendium of State and Local Models Addressing Racial and Ethnic Disparities in Health*. Washington, DC: ASTHO, NACCHO.